



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 1797

SERIAL NUMBER 09/759,016	FILING DATE 01/12/2001  RULE	CLASS 705	GROUP ART UNIT 3629	ATTORNEY DOCKET NO. FIS9-2000-0282
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## APPLICANTS

Russell E. Parks, Marlboro, NY;

Frank Davide, Monroe, NY;

Allison M. McCormack, Hopewell Junction, NY; Jae K. Park, Ryebrook, NY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

30743

WHITHAM, CURTIS &amp; CHRISTOFFERSON, P.C.

11491 SUNSET HILLS ROAD

SUITE 340

RESTON, VA

20190

## TITLE

Skills matching application

FILING FEE  RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>SERIAL NUMBER</b> 09/759,016	<b>FILING DATE</b> 01/12/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> FIS9-2000-0282
<b>APPLICANTS</b> Russell E. Parks, Marlboro, NY; Frank Davide, Monroe, NY; Allison M. McCormack, Hopewell Junction, NY; Jae K. Park, Ryebrook, NY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/28/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> <i>Customer Number 30743</i> C. Lamont Whitham, Esq. McGuire Woods LLP 1750 Tyons Boulevard - Suite 1800 Mclean, VA 22102				
<b>TITLE</b> Skills matching application				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	